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Was There a Communist Psychiatry? Politics and East German Psychiatric Care, 1945–1989

Greg Eghigian, PhD

No sooner had the Berlin Wall come down in 1989 than questions arose about the role played by psychiatry, clinical psychology, and psychotherapy in East Germany's authoritarian regime. Since its founding in 1949, the German Democratic Republic (GDR) and its governing Communist Party (the Sozialistische Einheitspartei Deutschlands [SED]) had been among the USSR's most stalwart allies. With the reunification of Germany, western German policymakers, eastern German reformers, and international observers, well aware of the Soviet practice of committing dissidents to psychiatric institutions, wondered aloud whether the same kind of systematic abuse of psychiatry had taken place in the GDR as well.

In the years that followed, journalists uncovered horrible living conditions in some facilities, mostly infamously in the psychiatric hospital and prison at Waldheim.[1] Former East German clinicians told of being restricted in their use of psychotherapies and described how fears of denunciation had prompted a climate of distrust both among psychiatrists and between psychiatrists and their patients.[2–4] Federal and state commissions were convened to investigate these and other individual accusations. The evidence has indicated that in the end, party officials, security forces, and some psychiatric professionals were willing to use the mental health system as a policing tool for rounding up and warehousing those deemed "socially undesirable," such as alcoholics, prostitutes, and delinquents. However, there is no evidence to indicate that political opponents were systematically committed to psychiatric facilities, as occurred in the Soviet Union. The best estimate is that no more than 1–2% of all East German psychiatrists and psychotherapists ever broke the confidence of their patients by providing privileged information to State Security.[5,6]

The entire line of questioning about East German psychiatry that followed the demise of the GDR reveals an interesting assumption, one that was historically shared by observers on both sides of the Iron Curtain. Both Western critics and Soviet ideologues believed that party dogma and politics shaped the form and substance of psychiatry in the Eastern Bloc—in short, that there was something essentially "communist" about Eastern European psychiatry. Yet, if we grant the existence of shortcomings and even abuses within East German mental health care, it is fair to ask whether these and other developments really were the result of an overreaching ideology. Categorizing the conduct of psychiatrists and psychotherapists as "collaboration," "resistance," and "acquiescence," as has been the case up to now, fails to acknowledge how the system changed over time and, in the process, overlooks other factors, nonpolitical and often unintentional, that helped to shape psychiatric care.

Did communism account for the structure and development of East German psychiatry? To answer this, we need to be better informed about the history of the relationship between politics and psychiatry in the GDR. Fortunately for the historian, we now have access to the records of the former East German Health Ministry, the recollections of former clinicians and patients, and once-restricted dissertations. On the basis of these records, we can divide the development of mental health care and public policy in the GDR into four general phases.

The first phase, from 1945 to 1949, was strongly influenced by the Red Army's occupation of eastern Germany and East Berlin. Upon reaching the outskirts of the German capital, Soviet troops plundered every major psychiatric facility surrounding the city. Fear among staff members prompted a considerable number of them to commit suicide as the Red Army approached. Upon entering individual hospital grounds, Soviet soldiers routinely raped both nurses and female patients. After this, troops occupied large portions of the hospital facilities, using them to house units and commandeering food, beds, mattresses, and blankets.[7,8] Statistics indicate that the mortality rate among patients during the first months of oc-

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cupation was 10–20%.[9] And although this rate declined over the coming months, daily rations for residents were meager, consisting mostly of bread and potatoes.

Facilities were generally undercrowded during this phase (housing only about 20% of the patient population of 1936[10]). This was due to a number of factors. In part, it was a result of responses to the Soviet occupation: patients and staff fled; Soviet authorities were eager to release patients. But it also had to do with the legacy of the Third Reich. The Nazis murdered some 200,000 psychiatric patients in the name of racial hygiene.[11] This not only directly contributed to the relative emptiness of hospitals but also made family members reluctant even after the war to place their loved ones in the hands of institutional psychiatry.

Government officials did talk of making a clean break with the Nazi regime, and they immediately ceased the practices of starving and killing individuals deemed incurable. Still, due to a shortage of qualified staff, numerous personnel with Nazi connections were retained in their positions. One government estimate in 1947 indicated that 48% of all psychiatrists and neurologists in the Soviet-Occupied Zone had been members of the Nazi Party.[12] By June 1947, only around 15% had joined the Communist Party.[12] This discrepancy was the source of what proved to be a chronic distrust of East German psychiatrists on the part of the ruling SED. Retaining Nazi-era clinicians also had the effect, however, of assuring that neurology and the natural sciences, both of which had played dominant roles in German institutional psychiatry since at least the late nineteenth century, continued to provide the guiding paradigms in mental health care.

The second phase in the development of East German psychiatry (roughly 1950–1960) was a period of simply making do. The turn of the decade saw a massive transfer of patient populations from Eastern Europe (many being German prisoners of war) and West Germany into East German facilities.[13] This began what would be a virtually unbroken period of increasing overcrowding in psychiatric hospitals and clinics. The problem was exacerbated by the "brain drain" that plagued East German medicine at that time. There was an ever-worsening shortage of doctors and staff due to the fact that health professionals were prone to fleeing to the West in the years before the border was restrictively policed. This fact only reinforced the SED's already substantial suspicions about the relative political unreliability of psychiatrists.

Efforts were made at this time to Sovietize psychiatry and psychology. Soviet psychological literature and practices were held up as models for research and treatment. The sole psychiatric and psychotherapeutic journal in the GDR, *Psychiatrie, Neurologie, und medizinische Psychologie,* was founded in 1949, and it institutionalized the practice of citing and translating prominent Soviet scholarship in the field. There was an attempt to "Pavlovize" East German psychiatry and psychology, but the effort never really succeeded; indeed, it aimed at little more than turning the two disciplines into more formally natural, instead of human, sciences.[14] More than anything else, it reinforced a biological approach to psychiatric disorders. It also meant that psychoanalysis was officially renounced (for not being materialistic enough) and forced to go underground. Yet there remained modest interest in applying psychotherapeutic techniques to such problems as childhood trauma and alcohol dependence.[15]

From roughly 1960 to the mid-1970s, East German psychiatry underwent a renaissance of sorts—the third, and arguably the most volatile, phase of development. Psychiatrists and psychologists at this time came to play prominent roles in a variety of social reform projects. The political climate had much to do with this. First, beginning around the start of the decade, the SED and the state embarked upon a comprehensive reform of the country's economic, legal, health care, and educational systems as part of de-Stalinization. Under "The New Economic System" (1963–1969), "scientificness," technical innovation, and expert know-how were all hailed as keys to realizing the new goals of socialism, and psychologists and psychiatrists were among those recruited to advance the cause.[16] Second, the building of the Berlin Wall in 1961, ironically enough, also encouraged reformist thinking within the field of mental health care. Ideologues could no longer blame everything on Western influences, compelling party officials to look "inward" (both domestically and subjectively) to explain deviant thinking and behavior and thereby leading them for the first time to entertain increasingly psychological and psychopathological explanations of social conduct.

Therapeutic, intellectual, and structural changes within psychiatry contributed something as well. The successful introduction of neuroleptic drugs into psychiatric facilities beginning in the mid-1950s, the emergence of antipsychiatry and alternative psychiatry movements in Western Europe and West Germany, and the end of the mass emigration of East German physicians gave clinicians their first opportunity since the war to imagine reforming and planning long-term institutional care.[17–19] Borrowing heavily from the ideas of West German advocates of social psychiatry, groups of East German psychiatrists in 1963 (in the so-called Rodewischer Theses[20]) and again in 1974 (in the Brandenburger Theses[21]) laid out principles and an agenda for creating a psychiatric health care system more responsive to the individual rehabilitative needs of the mentally ill. Among other things, these included greater appreciation for the social causes of mental illness and more emphasis on outpatient and transitional care.[22]

Such sentiments provided the inspiration for rethinking policies toward, among other things, juvenile delinquency, alcohol dependence, and compulsory psychiatric commitment. In 1966, a government commission was set up to examine the factors believed responsible for some of the most common forms of antisocial behavior. After consulting with law en-

forcement, health officials, and social services, the commission recommended that priority be given to better housing and providing treatment for individuals with alcohol dependence or other mental illness, as well as to finding improved ways of extending assistance to dysfunctional families.[23] By the early 1970s, in a trend that paralleled currents in the Western world at this same time, East German psychiatry and social welfare had adopted a more psychosocial approach to mental illness and were seeking psychotherapeutic and noncustodial alternatives to conventional institutional treatment.

Such seemingly lofty ambitions, however, reveal only half the story. De-Stalinization in the 1950s and 1960s also provoked great anxiety within the SED, and the focus on preventive mental health care reflected this. The participation of young people in the unrest of 1953, the large numbers of them that fled to the West, and their receptiveness to American popular culture all led officials to see the young as one of the principal risks to national security.[24,25] What led authorities to a social psychiatric outlook was therefore, at least partially, an interest in finding ways to motivate and mobilize young people more effectively. The expanding role of psychiatrists, psychologists, and psychotherapists in the 1960s, then, was part of the process of policing public conformity—a process in which social and health services became involved both directly and indirectly.

The final phase in the development of psychiatry in the GDR (mid-1970s to 1989) was, like the rest of East German society at the time, marked by contradictions and incongruities. A thaw in official relations between West and East Germany beginning in the early 1970s derived from an interest among the GDR's new leaders in gaining political, economic, and cultural acceptance on the world stage. Détente brought a measure of unprecedented openness to Western influences, a trend that was obvious by the early 1980s. Journal articles and monographs extensively cited West German and American studies alongside the conventional Russian ones. Psychodiagnostic tools and tests such as the Minnesota Multiphasic Personality Inventory, long repudiated in East Germany, were introduced into clinical and pedagogical training and work.[26] Touting the ideas of such prominent figures as Erik Erikson, Hans Eysenck, Maxwell Jones, and Carl Rogers became acceptable.[27]

The demand for Western ideas and research was in large measure a manifestation of the growing interest in transitional and outpatient care. Psychotherapy and community mental health came to enjoy higher profiles than ever before. To be sure, individuals like Kurt Höck had long made careers out of attempting to demonstrate the compatibility of talk therapies with the goals of socialism. In keeping with the socialist ethos of collectivism, however, occupational and group therapies remained the most widely practiced forms well into the 1980s.[28] With official acceptance of community- and client-based rehabilitation projects, however, the climate was conducive to experimentation and to testing the boundaries of acceptability. Under these conditions, more-individualized forms of psychotherapy began to gain a foothold. Marriage and sex counseling centers, first established in the mid-1960s, were expanded, offering counseling services for singles as well as couples.[29] At the same time, other clinicians sympathetic to psychoanalysis employed "dynamic group psychotherapy" and "dynamic individual psychotherapy" in the 1970s and 1980s.[30]

Thus, even before Mikhail Gorbachev's introduction of *glasnost* in 1985, East German psychiatry and psychotherapy were becoming more open in two important ways. First, both enterprises became more permeable to international influences, evidenced in 1973 by the first of what would be periodic meetings of the International Psychotherapy Symposium of Socialist Countries and confirmed in 1980 when the city of Leipzig was chosen to host the 22nd World Congress for Psychology.[31] Second, the 1970s and 1980s witnessed increasingly frank professional discussions about the problems confronting psychiatric care in the GDR. Although newspapers and magazines avoided mentioning these topics in public, clinicians used conferences and academic journals to discuss such matters as substance abuse, depression, and East Germany's disturbingly high suicide rate (the third highest in the world by the late 1980s).[6,32–34]

Despite the openness and the avowed commitment to social psychiatry, the reformist ambitions first set out in the Rodewischer and Brandenburger Theses were never realized. Community mental health faltered in the GDR for some of the same reasons as it did in the United States: lack of adequate funding and personnel. Some deinstitutionalization was evident: the number of long-term patients was reduced between 1976 and 1985 from 14.7 to 12.5 beds per 10,000 inhabitants.[35] But the system remained highly centralized, dominated by large, sometimes dilapidated hospitals occupied mainly by patients with chronic and degenerative disorders.[4] Practitioners and administrators brought these discrepancies to the attention of government and party officials as early as 1980, but to no avail. A literally bankrupt state that had been running huge deficits since the late 1970s simply did not have the resources for innovation. It is hardly surprising, then, that on the eve of the fall of the Berlin Wall, East German psychiatry was pinning its hopes on the newest generation of psychotropic drugs.

Let us return, then, to the original question of whether there was a communist psychiatry. The example of the GDR shows that the relationship among mental health care, party politics, and social and economic policy cannot be easily understood in terms of immutable Stalinism. To be sure, there is ample evidence showing that party politics played a defining role in career advancement, efforts to Sovietize research, the ban on psychoanalysis, and the psychopathologization of

"antisocial" groups in the 1960s and 1970s. Yet besides such obviously ideological influences on East Germany psychiatry, two other sets of factors were also at work. On the one hand, there were certain political realities—for instance, the occupation of the Red Army in the 1940s, the massive "brain drain" of the 1950s, and the fiscal meltdown of the 1980s—that had a direct impact on psychiatric institutions. The effect here was more practical than ideological: personnel and patients had to accommodate themselves to the prevailing circumstances. On the other hand, there were also a variety of factors having little or nothing to do with Communist dogma. Concern over the legacy of Nazism, a reliance on a strictly biological conception of psychiatric illness and on psychotropic drugs, a hospital-centered system of care, social psychiatric reform impulses, and the expanding role of psychiatric and psychological professionals in everyday life were not unique to East Germany and were chiefly a function of historical and international trends.[36]

Psychiatry has always been a normalizing enterprise; the lines between its questioning and enforcing existing social mores and values have often been blurred. This makes assigning responsibility, blame, and praise even thornier in an authoritarian regime such as East Germany. As Stefan Busse—probably the most astute observer of the psychological sciences in the former GDR—has argued in the case of East German psychology,[37] the field was just that: a field or arena. It was an arena in which problems were defined and understood through the complex interplay of "scientific claim, official ideology, identification with a school of thought, the demands of socialist practice, and the prevailing pragmatic calculations of a political administration." At the very least, then, this should give us pause before we rush to condemn or absolve mental health professionals in Eastern Europe.

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